DEPARTMENT OF HEALTH SERVICES
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MAR - 2 2000

Ms. Kathleen Farrell
Family and Children's Health Programs Group
Division of Integrated Health Systems
Health Care Financing Administration
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850

Dear Ms. Farrell:

SECTION 1115 WAIVER MEDICAID DEMONSTRATION PROJECT FOR FAMILY PLANNING, ACCESS, CARE, and TREATMENT (FAMILY PACT) PROGRAM

The California Department of Health Services (DHS) is submitting to the Health Care Financing Administration (HCFA) the following Family PACT Waiver Program documents in accordance with the Demonstration Project Special Terms and Conditions: Phase Out Plan (Terms and Conditions paragraph 22); Education and Outreach Plan (Terms and Conditions paragraph 25); and Implementation Schedule (Terms and Conditions paragraph 26). The Confidentiality of Clients Plan (Terms and Conditions paragraph 8) will be submitted under a separate cover shortly.

Also we have enclosed an amended list of services provided to Family PACT clients and the accompanying federal match for those services to fulfill paragraph 6e the Family PACT Waiver Program Terms and Conditions. This list supersedes the list submitted on January 4,2000, wherein we inadvertently omitted three codes.

If you have further questions or require additional information, please contact Mr. Joseph A. Kelly, Chief of the Medi-Cal Policy Division, at (916) 657-1542, or **Ms.** Janet Olsen-Coyle, Chief of the County Demonstration Projects Unit, at (916) 657-0129.

Sincerely,

Stan Rosenstein
Acting Deputy Director
Medical Care Services

Enclosure

cc: See next page

cc: **Ms.** Meredith Merrill
Division of Medicaid
Health Care Financing Administration
75 Hawthorne Street, Fourth Floor
San Francisco, CA **94105**

Anticipated FFP Designations
For
Family PACT Procedure Codes

*Revised February **24,** 2000*

Introduction:

The California Department of Health Services (DHS), Office of Family Planning (OFP) recognizes that federal financial participation (FFP) for the Family PACT Section 1115 Waiver is limited to the provision of services for the management of family planning. The following designations for FFP are limited to the delivery of services for the management of family planning. These family planning services and the conditions under which they can be reimbursed by Family PACT are described in the *family PACT Policy, Procedures, and Billing Instructions* manual.

Consistent with the Health Care Financing Administration's Terms and Conditions for FFP, Family PACT procedure codes have been sorted according to:

I. **Outpatient Professional Visits: Evaluation/Management And Education/Counseling**
II. **Outpatient Services For Contraception Method Management And Screening;**
III. **Outpatient Services For Management Of Family Planning-Related Conditions;**
IV. **Inpatient Family Planning And Family Planning-Related Services;**
V. **Family PACT Formulary.**

It is anticipated that under most circumstances, FFP designations for family planning services reimbursed by the Family PACT program will be as follows:

I. OUTPATIENT PROFESSIONAL VISITS—EVALUATION AND MANAGEMENT; EDUCATION AND COUNSELING: FFP 90%

Code #	Procedures
99201 - 99204	New Patient
99211 - 99214	Established Patient
29750–29775	Unique Family PACT Education and Counseling Codes

II. OUTPATIENT CONTRACEPTIVE METHOD MANAGEMENT AND PERIODIC SCREENING: FFP 90%

A. Procedures and Supplies

Code #	Procedures/Supplies
11975	Norplant Insertion
11976	Norplant Removal
11976ZM	Implant Removal
11977	Norplant Removal/Insertion
56301	Laparoscopy, Surgical, Fulguration
56301ZM/ZN	Laparoscopy Surgery, Fulguration
56302	Laparoscopy with Ring or Clip
56302ZM/ZN	Laparoscopy with Occlusion by Device
57170	Diaphragm/Cervical Cap Fitting
58300	Intrauterine Device (IUD) Insertion
58300ZM	Intrauterine Device (IUD) Insertion
58301	Intrauterine Device (IUD) Removal
58301ZM	Intrauterine Device (IUD) Removal
58600	Mini-Lap with Division of Fallopian Tubes
58600ZM/ZN	Ligation or Transection of Fallopian Tube(s)
58615	Occlusion of Fallopian Tubes by Device
58615ZM/ZN	Occlusion of Fallopian Tubes by Device
Z9780	Vasectomy
Z9780ZM	Removal of Sperm Duct(s)
99241-45	Consultation Office (?)
X7913	Administration Hepatitis B Vaccine
X7914	Administration Hepatitis B Vaccine
Z5218	Blood Draw
25220	Blood Draw Exam
27500	Hospital exam/treatment room
27506	Operating room
27508	Operating room
Z7510	Operating room
Z7512	Recovery room

B. Laboratory Services

Code #	Laboratory
80058	Hepatic Function Panel
80061	Lipid Panel
81000	Urinalysis
81001	Automated UA with microscopy
81002	Non-automated UA with microscopy

II. B. Laboratory Services *(Continued)*

81003	Automated UA without microscopy
81005	UA qualitative/semi quantitative
81015	Urinalysis Microscopic
81025	Urine Pregnancy Test
82465	Cholesterol
82947	Glucose
82951	2-Hour Glucose Tolerance Test (GTT)
83001	Follicle Stimulating Hormone (FSH)
83002	Luteinizing Hormone (LH)
83986	PH Determination
84144	Progesterone
84146	Prolactin
84443	Thyroid Stimulating Hormone (TSH)
85013	Hematocrit
85014	Hematocrit
85018	Hemoglobin
86592	Syphilis Qualitative Test (VDRL, RPL)
86689	Human Immunodeficiency Virus Confirmation
86701	Human Immunodeficiency Virus (HIV I)
86702	Human Immunodeficiency Virus (HIV II)
86703	Human Immunodeficiency Virus (Combined)
86704	Hepatitis B core antibody
87081	Gonococcal Culture
87110	Chlamydia Culture
87270	Chlamydia DFA
87285	Treponema DFA
87320	Chlamydia EIA
87340	Hepatitis B Surface Antigen
87490	Chlamydia DNA Probe
87491	Chlamydia with Amplification
87590	GC DNA Prob.
87591	GCDNA with Amplif.
88141	Pap Smear
88142	Cervical or Vaginal Cytopathology
88143	Cervical/vaginal Cytopathology
88144	Cervical/vaginal Cytopathology
88145	Cervical/vaginal Cytopathology
88147	Cytopathology Smears, Cervical/Vaginal
88148	Cytopathology Smears, Cervical/Vaginal
88150	Pap Smear(s)
88152	Vaginal Cytotechnology screening/rescreening
89300	Semen Analysis
89320	Complete Semen Analysis
89330	Cervical Mucous Penetration Test

III. OUTPATIENT SERVICES FOR MANAGEMENT OF FAMILY PLANNING-RELATED CONDITIONS: FMAP Rate.

(FFP is available only when the procedure is provided specific to the management of a contraceptive method.)

A. Procedures and Supplies

Code #	Procedure/Supplies
10060	Incision and Drainage of Abscess
10140	Incision and Drainage of Hematoma
36000	Intravenous (IV) - Vascular Injection
36425	Venipuncture/Cutdown
49020	Drainage of Peritoneal Abscess
49080	Peritoneocentesis
49085	Removal of Peritoneal Foreign Body
54050	Destruction of Lesions Of Penis
54050ZM	Destruction of Lesions Of Penis
54055	Electrodesiccation of Penis
54056	Cryosurgery
54056ZM	Cryosurgery
54100	Biopsy of Penis
54100ZM	Biopsy of Penis
54520	Orchiectomy Simple (TAR Required)
54670	Suture/Repair of Testicular Injury
54700	Incision and Drainage of Epididymis
54820	Expl. of Epididymis With or Without Biopsy
55100	Drainage of Scrotal Wall Abscess
55110	Scrotal Exploration
55520	Exc. of lesion of spermatic cord
56300	Laparoscopy
56350	Hystereroscopy
56355	Hystereroscopy, Surgical
56501	Destruction of Lesions of Vulva/Perineum
56501ZM	Destruction of Vulvar Lesion(s)
57061	Destruction of Vaginal Lesion(s)
57061ZM	Destruction of Vaginal Lesion(s)
57452	Colposcopy without Biopsy
57452ZM	Colposcopy without Biopsy
57454	Colposcopy with Biopsy
57454ZM	Colposcopy with Biopsy
57460	Loop Electrode Excision Procedure (LEEP)
57460ZM	Loop Electrode Excision Procedure (LEEP)
57500	Biopsy/excision of Cervical Lesion
57500ZM	Excisional Biopsy

III. A. Procedures and Supplies *(Continued)*

57510	Cauterization of Cervix
57511	Cauterization of cervix: cryocautery initial or repeat
57511ZM	Cryosurgery
57513	Cauterization of Cervix
57720	Trachelorrhaphy
58100	Endometrial Sampling
58120	Dilatation and Curettage
71020	Radiologic Examination
74000	Radiologic Exam of Abdomen
75741	Angiography
75820	Venography
75822	Venography Bilateral
76090	Mammography Unilateral
76856	Echography Pelvic
76880	Echography Extremity
78455	Radioactive Fibrinogen Scan
78457	Venous Thrombosis Imaging Unilateral
78458	Venous Thrombosis Imaging Bilateral
78596	Pulmonary Quantitative Differential Function
90780	Intravenous (IV) Infusion (1 hour)
93000	Electrocardiogram
93307	Echocardiography
93965	Plethysmography
93970	Scan of Extremity Veins
93971	Limited Study of Extremity Veins

B. Laboratory Services

Code #	Laboratory
85002	Bleeding Time
85007	Manual Blood Count, Differential
85008	Manual Blood Smear, Differential
85021	Hemogram Automated
85022	Hemogram Automated, Manual Differential
85023	Hemogram & Platelet Count, Automated, Manual Differential
85024	Hemogram & Platelet Count, Automated, Partial Differential
85025	Hemogram & Platelet Count, Automated, Complete Differential
85027	Hemogram & Platelet Count, Automated
85031	Hemogram Manual
85610	Pro-Time
85651	Erythrocyte Sedimentation Rate (ESR)
85652	Erythrocyte Sedimentation Rate, Automated (ESR)
85730	Thromboplastin Time

III. B. Laboratory Services *(Continued)*

86593	Syphilis Titer, Quantitative Test
86781	Treponema Pallidum Confirmatory
87086	Urine Culture with Colony Count
87164	Dark Field Exam.
87166	Dark Field Exam
87181	Sensitivity Studies Antibiotic
87184	Sensitivity Studies Antibiotic
87186	Sensitivity Studies Antibiotic
87205	Gram Stain Smear
87207	Herpes Simplex Virus (HSV) Smear
87210	Wet Mount
87252	Herpes Simplex Virus (HSV) Culture
87274	HSV DFA
88142-45	Cytopathology, cervical/vaginal
88147-48	Cytopathology, cervical/vaginal
88152-54	Cytopathology, cervical/vaginal
88164-67	Cytopathology with manual screening
88302-05	Surgical Pathology

IV. INPATIENT FAMILY PLANNING AND FAMILY PLANNING-RELATED SERVICES: FFP 0%

Code #	Procedures
10061	Incision and Drainage - Complicated
10180	Incision and Drainage-Complex Wound Infec.
49000	Exploratory Laparotomy
58150	Total Abdominal Hysterectomy (TAR Required)
82803	Blood Gases
82805	Blood Gases with Oxygen Saturation
82810	Blood Gases by Direct Measurement
90781	Intravenous (IV) Infusion for up to 8-hours
99221-3	Initial Hospital Care
99231-3	Subsequent Hospital Care
99238-9	Discharge Day Management
99251-55	Consultation, Inpatient

V. FORMULARY FOR FAMILY PACT *(Attached)*

Pharmaceuticals provided for the management of a family planning method would qualify for 90% **FFP.**

Pharmaceuticals provided for the management of a family planning-related condition would qualify for the **FMAP Rate.** These would include anti-fungals, anti-infectives, anti-virals, and topicals.

Note: The ***Family PACT Policy, Procedures, and Billing Instructions*** manual provides a comprehensive, detailed description of all codes and their conditions for use approved for the Family PACT benefits package.

FAMILY PACT PHARMACY FORMULARY

Family PACT
Planning. Access · Care & Treatment
California Department of Health Services • Office of Family Planning

Additions to the FAMILY PACT PHARMACY FORMULARY as of February 24,2000:

The following additions to the FAMILY PACT PHARMACY FORMULARY are provided for the management of a family planning method and would qualify for **90% FFP.**

- Preven™ Emergency Contraceptive Kit

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Drug Category	Drug	Dosage Form	Strength	Clinic Code	Billing Unit
Biphasic (Mircette)	desogestrel/ ethinvl estradiol	28 tablets	0.15 mg/0.02 mg 0.01 **ma**	X7706	Each cycle
Triphasic (Estrostep Fe)	norethindrone acetate/ ethinyl estradiol	28 tablets	1mg/20 mcg 1mg/30 mcg 1mg/35 mcg	X7706	Each cycle

California Department of Health Services

Family PACT Waiver Program
Phase Out Plan

The Phase Out Plan of the California Department of Health Services Family PACT (Family Planning, Access, Care, and Treatment) Waiver Program is multifaceted to meet various contingencies.

Federal Law Change

The Department is confident that the Family PACT Waiver Program will successfully meet its objectives. The Department anticipates that the success of the Family PACT Waiver Program and similar programs in other states will be recognized by the executive and legislative branches of the federal government. This recognition will in turn, motivate the federal government to pursue modification of the Medicaid Program to make such comprehensive family planning services demonstrated to the waiver program population the Medicaid norm. By the time of the termination of the Family PACT Waiver Program, we are hopeful that the United States Congress will have enacted changes to the Medicaid program that increase the federal poverty limits for family planning services to 200 percent of the federal poverty level and incorporate the waiver program services. Family PACT will thus continue as a component of the expanded, regular Medicaid program and bring Medicaid services up to contemporary practice standards for reproductive health care.

Year	Beginning Date	Ending Date
1	December 1,1999	November 30,2000
2	December 1, 2000	November 30,2001
3	December 1,2001	November 30,2002
4	December I , 2002	November 30,2003
5	December 1,2003	November 30,2004

State Law Change

If the federal government has not begun the process to modify the Medicaid Program by June 2002 in waiver's third year, the Department will proceed with two steps: State law change and notification of clientele. The Department, working with representatives of the Governor's Office, will seek to have California legislation sponsored that will authorize adequate state funding for continuation of the Family PACT program. The legislation will, at the same time, terminate the Medicaid Demonstration Project.

Notification of Clientele

The Department will make whatever transition that occurs at the termination of the Waiver Program as seamless to the clients as possible.

During the fourth year of the Waiver Program, the Department will compile a referral list of alternative family planning service programs. Written materials will be prepared by the Department that will inform providers and clients of the pending termination of the Waiver Program. A training component about the notification will also be prepared for Family PACT Waiver Program providers.

During the last quarter of the fourth year, the Department will provide information to Family PACT providers that explains the potential program changes subsequent to the termination of the Waiver and the actions that the providers are to follow. The providers will be sent an instructional letter, multilingual posters, and a supply of multilingual Notice of Pending Action forms. The letter will instruct providers that beginning December 1, 2003, Family PACT providers shall orally inform each client of the following:

1. The waiver program is scheduled to be terminated effective November 30, 2004.
2. If State funded family planning program continues after that date, there may be a reduction in the number of family planning services, doctors' offices, and clinic sites.
3. A copayment or sliding scale of fees may be required for those services that remain.

Additionally, the providers will be instructed to complete for each client a Notice of Pending Action printed in the client's primary language explaining the above for every client who is certified or recertified after November 30, 2003, *and to personally provide the notice to each client at the time of their visit.*

While usual Medicaid procedure would have the State or a county welfare office mail a Notice of Action concerning eligibility to regular Medicaid services, that procedure is not possible in this situation since addresses are not available for all clients. Additionally, issues of confidentiality and accompanying requirements prohibit mailings that indicate family planning services were rendered. Also the address of record may be out of date because the Waiver Program does not require clients to conform to the standard Medicaid Program ten day notification of change requirement and clients are not usually seen by the provider more than once or twice a year.

During the latter half of the fifth year, Family PACT providers will be requested to assist in transitioning Family PACT Waiver Program clients to either a new, successor public sector family planning program or to private providers.

November 30, 2004.

If the Waiver Proaram is not extended, you will need to get family planning services paid for through another source. Your Family PACT Waiver Program provider will help you find another source of family planning services if necessary.

If the Waiver Proaram is extended, there may be a reduction in the number of family planning services, doctors' offices, and clinic sites. A copayment or sliding scale ***of*** fees may be required for those services that remain.

If you are on the regular Medi-Cal Program, this does ***not*** affect your regular Medi-Cal eligibility. You may continue to be eligible under the regular Medi-Cal Program with a share-of-cost.

The law which requires this action is the Social Security Act, Section 1115.

Questions? Ask your Family PACT Waiver Program physician, nurse practitioner, or physician assistant.

California Department of Health Services

Family PACT Waiver Program

Education and Outreach Plan

Introduction:

Paragraph 25 in the Family PACT Waiver Program Special Terms and Conditions states:

A detailed beneficiary and provider education and outreach plan needs to be submitted to HCFA for approval 90 days from award. At a minimum, the plan should describe efforts to inform eligible individuals (especially those who are not already in contact with providers) about the availability of and how to apply for Medicaid eligibility for family planning services. It should also describe activities to educate and train providers about the program.

Attached is the Education and Outreach Plan developed in response to paragraph 25. The plan **is** divided into four subject areas:

1. Outreach to clients
2. Outreach to providers
3. Education of clients
4. Education of providers

Objectives and activities that are followed by parenthetical reference numbers were included in the Demonstration Objectives provided to HCFA during the Waiver proposal process. This education and outreach plan has been expanded to include additional objectives and activities as requested in the Special Terms and Conditions.

The timeframes included in this plan are subject to change based on the availability of dedicated funds and staff.

Unmet need for family planning services is referenced in this plan. The explanation of unmet need **is** described in the attached document: Unmet Need for Family Planning Services.

S: bioc■ utrnach to Clien+s

Objectives	Activities	Timeframe
a. Increase the number of clients served in identified areas of high unmet need by an average of 5 percent per year above those receiving services in State Fiscal Year (SFY) 1997-98 by using outreach strategies unique to local target populations and by providing services through innovative, non-traditional health care sites. (II.C)	a. 1 Collaborate with local programs serving Family PACT's target population to increase awareness about family planning and provide information about service options. These programs will include community based organizations such as churches, schools, youth programs, shelters, and safety net providers. (II.C.1)	
	a. Link with representatives of state and local organizations to develop and implement collaborative strategies to increase awareness and utilization of family planning services	By 6ω0-ν0
	A.2 Based on findings from "First Stop", collocate limited-service family planning clinics in nontraditional sites such as WIC sites, community centers, housing projects. (II.C.2) First Stop was an OFP-sponsored, three-year demonstration project completed in SFY 1998-99 that promoted access to family planning services by collocating clinics providing limited family planning services with social services agencies.	
	a. Evaluate the feasibility of expanding the concepts demonstrated in First Stop to areas of high unmet need for family planning services.	By 6-30-00
	b. If feasible (per A.2.a above), identify potential geographical areas and providers appropriate to consider for implementation of First Stop concepts.	By 12ω1-00
	c. Implement First Stop concepts in identified areas.	By 6ω0-ν1

Objectives *(Outreach to Clients: Continued)*	Activities	Timeframe
	A.3 Incorporate Family PACT services into existing mobile van fleets including rural health mobile service programs. (II.C.3)	
	a. Evaluate the feasibility of incorporating Family PACT into existing mobile van fleets including rural health mobile service programs.	By 12/31-00
	b. If feasible (per A.3.a above), identify mobile van programs appropriate for the delivery of Family PACT services.	By 6-30-01
	c. Implement the delivery of Family PACT services in mobile van programs.	By 6-30-02
B. Through creative outreach strategies, increase the number of sexually active adolescent female clients served by Family PACT by an average of 3500 per year. This represents an average increase of 3 per cent per year above the FY 1997-98 service population to all female adolescents. (I.B)	B.1 Review, evaluate and select innovative recruitment strategies that could be implemented in areas of California with a high incidence of teenage pregnancy. (I.B.1)	By 12/31-00
	B.2 Collaborate and coordinate the development and implementation of outreach strategies to sexually active adolescents with other DHS/DSS teen pregnancy prevention programs such as Male Involvement Program, Community Challenge Grants, CalWorks, and Partnership for Responsible Parenting. (I.B.2)	By 6/30/02
C. Through implementation of unique, gender-specific recruitment strategies, increase the number of male clients receiving family planning services in Family PACT by an average of 5 percent (1,444) per year above those receiving services in FY 1997-98. (III.B)	C.1 Coordinate outreach with other DHS/DSS programs serving at-risk males to develop linkages, such as Male Involvement Program, Partnership for Responsible Parenting, and the Community Challenge Grants, to promote male reproductive health and the utilization of family planning services. (III.B.1)	
	a Link with representatives of Department of Health Services (DHS) and Department of Social Services (DSS) programs to develop strategies to improve access to family planning services by males.	By 6/30/00

Objectives *(Outreach to Clients: Continued)*	Activities	Timeframe
	b. Link with representatives of DHS and DSS programs to develop strategies to improve awareness of the need for and availability of family planning services for males.	By 6-30-01
	c. Implement strategies to improve awareness of the need for and availability of family planning services for males	By 6-30-01
D. Design and plan a statewide system of recognition to promote public awareness of Family PACT with a particular emphasis on areas of high unmet need for family planning services.	D.1 Work with state and local contractors to design, plan, and obtain administrative approval for a statewide public awareness campaign with a particular emphasis on geographic areas of high unmet need.	By 12-31-00
	a. Develop and distribute posters promoting Family PACT in targeted areas i.e. to display in laundromats, check cashing centers, community centers, community-based organizations.	By 6-30-01
	b. Develop a media plan to promote public awareness of Family PACT services. Consider: (1) multiple print and broadcast strategies including public service announcements, radio interviews, flyers at gatherings of target population, and articles in print media distributed among target population. (2) an outdoor media campaign in targeted geographic areas using billboards, mobile billboards, and bus benches.	By 6-30-01
	D.2 Implement the public awareness campaign with an emphasis on the targeted areas of unmet need.	By 6-30-01
	D.3 Develop and distribute a Family PACT window placard for Family PACT providers to display in their offices to promote inquiries by provider's clientele.	By 6-30-00

Subject: Outreach to Providers

Objectives	Activities	Timeframe
☒ Increase the number of Family PACT providers in unserved/underserved areas through new and innovative recruitment strategies that are customized for local or regional characteristics. (II.A)	☒1 Collaborate with provider based organizations including local medical societies, perinatal services, public health agencies and professional organizations to develop innovative strategies for provider recruitment. (II.A.1)	By 6☒0-0☐
	☒2 Develop and implement a recruitment plan to increase the number of local Family PACT providers in rural, remote, and urban underserved areas. (II.B.1)	By 12-31-00
	A.3 Provide a minimum of 20 orientation sessions each fiscal year in all regions of California to all interested Medi-Cal physician and mid-level clinician providers to present the necessary information to become Family PACT providers and to deliver services in accordance with program standards.	Beginning SFY 2000-2001
	A.4 Provide Family PACT information to potential providers through a minimum of 15 presentations each fiscal year to local professional and stakeholder groups.	Beginning SFY 2000-2001
	A.5 Design and implement a statewide Family PACT provider awareness plan with a particular emphasis on geographic areas of high unmet need for family planning services.	
	a. Work with state and local contractors to design and implement a provider awareness campaign with a particular emphasis on geographic areas of high unmet need.	By 6-30-01

Objectives *(Outreach to Providers: Continued)*	Activities	Timeframe
	b. Consider multiple promotional strategies including print media, program exhibits, and personal presentations. i) presentations at professional conferences, ii) flyers at professional gatherings, and iii) articles in print media distributed to providers i.e., professional journals, newsletters of local professional organizations.	
	c. Develop and distribute posters promoting Family PACT among clinicians in targeted geographic areas, i.e., to display in professional buildings, hospitals, offices of professional organizations, health fairs, targeted community-based organizations, arts, and cultural facilities.	By 6-30-01
	A.6 Provide Family PACT information to potential providers through a minimum of 7 presentations and displays in each fiscal year at large, statewide conferences, and trade shows.	Beginning SFY 2000-2001
	A.7 Customize required Family PACT orientation and enrollment processes to include on-site services as well as distance learning options. (II.B.2)	By 6-30-01
3. Increase the number of Family PACT providers in specified areas of unmet need by an average of 5 percent per year above those enrolled in FY 1997-98 (II.B)	B.1 Using existing and locally customized strategies and approaches, enroll the specified number (+5 percent) of new Family PACT providers in the 14 targeted counties and regions in California.	Beginning SFY 2000-2001

Subject: Education of Clients

Objectives	Activities		Timeframe
☒ Maintain, update and promote a toll-free information and provider referral telephone service available to and promoted to the Family PACT-eligible population. 1 Telephone information to include: a. a description of the program, b. available Family PACT services, c. a description of patient rights, and d. a directory of Family PACT providers indexed by telephone area codes.	☒ 1	Contract with an electronic communication service to maintain and update this toll-free information service.	By 12-1-99
2. Telephone information to be available in English, Spanish, and at least one additional language to be selected based on language patterns of the Family PACT clientele.	☒ 2	Develop and implement a contract to add a third language to be available on this toll-free information service.	By 2000-01
☐ At no cost to Family PACT providers—warehouse, inventory and make available to providers, Family PACT client education materials.	B.1	Maintain inventory tracking system of health education materials for Family PACT and monitor provider utilization.	By 12-1-99
	B.2	Issue a provider bulletin which describes the ordering process.	By 6-30-00
	B.3	Produce a catalog of client education materials and issue to providers at least annually.	Beginning SFY 2000-2001
	B.4	Each fiscal year, arrange for acquisition of materials for purchase from outside sources.	Beginning SFY 2000-2001

Objectives *(Education of Clients: Continued)*	Activities	Timeframe
	B.5 Each fiscal year, arrange for reprinting of materials as determined by utilization data/inventory tracking.	Beginning SFY 2000-2001
C. Develop written health education materials for client use which are accurate and culturally/ linguistically appropriate.	C.1 Convene and facilitate at least four (4) meetings each fiscal year, of an expert panel on family planning health education materials. a. Panel to assess health education materials currently included in the Family PACT catalog of available health education materials and make recommendations on which items should be included, excluded or revised. b. Panel to review materials available nationally and internationally and recommend inclusion in Family PACT.	Beginning SFY 2000-2001
	C.2 Each fiscal year, develop and implement a plan to identify need for health education materials for Family PACT clients	Beginning SFY 2000-2001
	C.3 Based on identified need, develop new education brochures and pamphlets each fiscal year.	Beginning SFY 2000-2001
D. Implement client-retention strategies to increase the number of adolescent clients who receive Family PACT services on an ongoing basis by an average of 5 percent per year. (I.C)	D.1 Identify, and evaluate client-retention strategies customized to adolescents that can be adapted to the practices of Family PACT providers. (I.C.1) a. Address promotion of method adherence and address primary prevention for the never pregnant. (I.C.2)	By 12-31-00
	D.2 Implement strategies to promote client-retention, customized to adolescents.	By 12-31-01

Subject: Education of Providers

Objectives	Activities	Timeframe
Promote clinical quality improvement among Family PACT providers through professional education and training in the areas of clinical and preventive services for licensed health care staff.	A.1 Assess professional education and provider training needs. a. Conduct an assessment of education/training needs of Family PACT providers at least annually.	Beginning SFY 2000-2001
	A.2 Conduct 10 professional education and training sessions for clinician providers each fiscal year. a. Recruit qualified speakers; provide continuing education credit. b. Promote education and training sessions to Family PACT providers.	Beginning SFY 2000-2001
	A.3 Each fiscal year, provide on-site technical assistance to at least ten (10) providers in the targeted, under-served regions to assist providers in implementing Family PACT within their practice consistent with program standards.	Beginning SFY 2000-2001
	A.4 Plan, develop, and conduct a minimum of ten (10) regional workshops, each year of the demonstration project, throughout the state for enrolled Family PACT providers to promote successful provider participation in Family PACT.	Beginning SFY 2000-2001
Improve the quality of client education and counseling services offered by Family PACT providers through education sessions and on-site consultation.	B.1 Provide 20 regional training sessions each fiscal year, designed to improve the quality of education and counseling services by Family PACT providers.	Beginning SFY 2000-2001
	B.2 Provide on-site consultation to providers on Family PACT standards for the delivery of education and counseling services.	Beginning SFY 2000-2001

Objectives *(Education of Providers: Continued)*	Activities		Timeframe
	B.3	Develop, staff and promote a toll-free telephone consultation resource to assist Family PACT providers regarding the provision of education and counseling services for Family PACT clients.	By 6-30-00
C. Develop printed materials to educate providers to successfully participate in Family PACT and provide comprehensive services on-site.	C.1	Develop a minimum of three (3) different provider handouts each fiscal year of the demonstration project, that are brief and designed to educate providers to successfully participate in Family PACT and provide comprehensive services on-site.	Beginning SFY 2000-2001
	C.2	Develop and distribute at least quarterly, to all Family PACT providers, a newsletter and/or calendar that includes Family PACT information, including a schedule of upcoming provider training sessions sponsored by Family PACT	Beginning SFY 2000-2001
D. Integrate an emphasis on male services into Family PACT. (III.A.2)	D.	Review resources about male services including literature and materials from known experts in the field such as AVSC International in New York to select strategies to promote male reproductive health and family planning services. (III.A.1)	By 6-30-00
	D.2	Develop and disseminate innovative and unique male reproductive health and family planning guidelines including strategies for integration into Family PACT.	By 12-31-00
	D.3	Implement a training program for Family PACT providers to learn how to adapt practices and services for male reproductive health and family planning services. (III.A)	By 6-30-01
E. Integrate teen sensitive services into Family PACT.	E.1	Review resources about teen pregnancy prevention programs including materials from the Institute of Medicine and The National Campaign to Prevent Teen Pregnancy; select strategies to promote the integration of adolescent family planning services into Family PACT. (I.A.1)	By 12-31-00

Objectives *(Education of Providers: Continued)*	Activities	Timeframe
	E.2 Develop and disseminate innovative and unique adolescent reproductive health and family planning guidelines including strategies for integration into Family PACT. (I.A.2)	By 12-31-01
	E.3 Implement a customized training program for providers to learn how to adapt practices and services to the family planning needs of adolescents. (I.A)	By 6ω0-02
F. Revise and update monthly the Family PACT internet website featuring provider directories and information on Family PACT relevant to participating providers.	F.1 Design and implement a system to update the Family PACT internet website on at least a quarterly basis.	By 12-31-ɔw

California Department of Health Services
Family PACT Waiver Program

Unmet Need For Family Planning Services

Support Document for
Education and Outreach Plan

Contents:

1. Introduction to the Data

One of the primary objectives of the Family PACT program is to expand access to comprehensive family planning services for low-income women and men in California. This paper examines access to Family PACT among eligible women (both adults and adolescents) in the state.[1]

The number of women who were eligible for Family PACT services was calculated using estimates from the Alan Guttmacher Institute. These estimates are based on census data and the National Survey of Family Growth for women aged 15 to 44. Women are considered to be eligible for state family planning services if they are at risk of unintended pregnancy, have incomes at or below 200% of the federal poverty level and are not enrolled in Medi-Cal or have other insurance that covers contraception. The Medi-Cal Statistics Section of the Department of Health Services provided statistics on the women enrolled in Medi-Cal aid categories that cover contraception. The number of women served by Family PACT was calculated using FY 97/98 paid claims for women who had at least one contraceptive visit[2] reimbursed by Family PACT.

2. Access to the Family PACT Program among Eligible Women in California

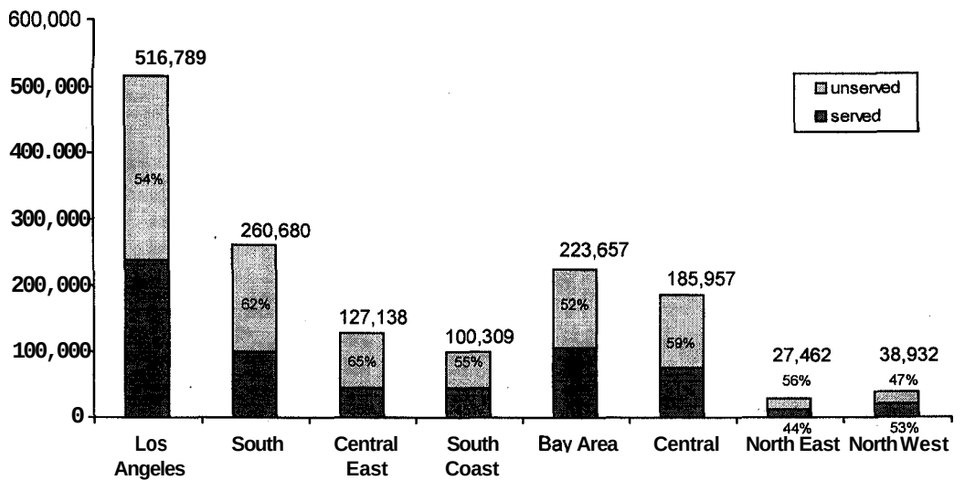
At least 1.48 million women were eligible for Family PACT services in FY 97/98.[3] Of those eligible women, 642,258 (43%) were served by Family PACT with contraceptive services, leaving over 838,000 women with an unmet need for state funded family

[1] Analyses of access to Family PACT among adult and adolescent males are currently in progress.
[2] "Contraceptive visits" exclude clients who only had visits for pregnancy testing only or fertility evaluation services.
[3] The number of women eligible for services is probably underestimated in these data.

planning services. Levels of unmet need varied by region within California and those regions with the largest populations had the greatest unmet need. In the South and Central East regions, over 60% of eligible women did not receive services compared to 47% in the Northwest region. A third of the women with unmet need lived in Los Angeles, the most populous county. Nearly 20% of women with unmet need lived in the South region. The Bay Area and Central regions each contained less than **15%** of the women with unmet need. Figure **1** shows the estimated number of women (adults and adolescents) eligible for Family PACT services and the percentage of eligible women served and unserved by region.

Figure 1

Women Eligible for Family PACT Services and the Percentage of Women Who were Served and Unserved, by Region FY 97/98



*Women are considered to be eligible for state family planning services if they are at risk of an unintended pregnancy, have incomes at or below 200% of the Federal Poverty Level, have no other source of reproductive health care coverage and are not enrolled in Medi-Cal.
Source: Claims Data

Greater variation in the number and percentage of women with unmet need **is** observed when the unit of analysis is county rather than region. The percentage of women with unmet need ranged from a low of **21%** in Mendocino County to a high of 89% in Amador County. The counties with the largest populations of women with unmet need were Los Angeles, San Diego and Orange. The percentage of women with unmet need gives an indication of how difficult it was to get services in the county. The proportion of

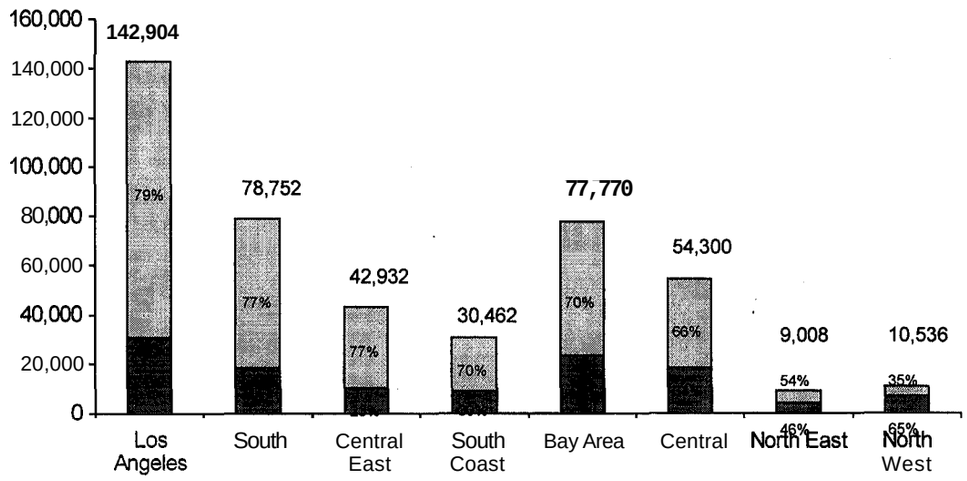
women with unmet need was highest in three rural counties: Amador, 89%, Alpine, 85% and Mariposa, 85%. The counties of Mendocino, Del Norte, Tehama, Plumas, Siskiyou and Colusa had the lowest proportions of unmet need. Dramatic differences were observed in the estimated numbers of women with unmet need by county, with over 277,000 women in Los Angeles County having unmet need for family planning services compared to only 17 women in Alpine County.

3. Access to the Family PACT Program among Eligible Female Adolescents in California

Sexually active adolescents are eligible for state family planning services if they are at risk for unintended pregnancy, have no other source of reproductive health care coverage and are not enrolled in Medi-Cal. Because income criteria are based on the adolescent's income rather than her parents', nearly all adolescent women in the state were considered to be eligible in this study. At least 446,000 sexually active adolescent females were estimated to be eligible for Family PACT services in FY 97/98. Of those eligible adolescents, Family PACT served 120,900 (27%). Proportionately fewer eligible adolescents than eligible adults were served (27% for adolescents versus 43% for all women). Statewide nearly 326,000 female adolescents were eligible for state family planning services but were not served. This may be an overestimate of need as some adolescents may rely on their parent's health coverage, but given California's high rate of teenage births, many of these young women may be in need of state-funded family planning services. Some regions, like the Northeast and Northwest had significantly lower levels of adolescent unmet need. Unmet need was especially high among adolescents in Los Angeles County, both proportionately and in terms of sheer numbers. Adolescents in Los Angeles County accounted for one-third of unmet need among adolescents. Figure 2 shows the number of adolescents eligible for state funded family planning services and the percentage of adolescents served under Family Pact.

Figure 2

Adolescents Eligible for Family PACT Services in FY 97/98 and the Percentage of Adolescents Who were Served and Unserved, by Region



*Adolescents are considered to be eligible for State family planning services if they are at risk of an unintended pregnancy, have no other source of reproductive health care coverage and are not enrolled in Medi-Cal
Source Claims Data

As observed for unmet need among adult women, greater variation in the number and percentage of sexually active adolescents with unmet need is noted when viewed by county rather than region. The counties with the highest number of women with unmet need were also the counties with the highest number of adolescents with unmet need, simply because of their greater population. The number of sexually active adolescents with unmet need was highest in Los Angeles County. The proportion of unmet need among adolescents was especially high in the three rural counties where it was high for adult women (Amador, Alpine and Mariposa) as well as the southern counties of Orange, Ventura, Imperial, Riverside and Los Angeles.

4. Access to Providers within Family PACT

The number of providers rendering Family PACT services in a county influences the level of unmet need among women in that county. If there are few providers and many eligible women in a county it is anticipated that unmet need will be high. Conversely, if there are few women needing services per rendering provider in the county, unmet need could be expected to be low. Statewide, a 50% correlation was observed between the proportion of eligible women with unmet need and the number of eligible women per rendering provider. This strong relationship is demonstrated in Table 1, which lists all counties by their level of unmet need and the level of eligible clients per rendering provider. It is possible to interpret the *number of eligible women per rendering provider* as the pool of potential clients per provider or the burden on providers, that is, how many clients a provider would serve if all eligible women were served. Counties in which the size of the potential client pool is very high may need more Family PACT providers.

These numbers should be interpreted cautiously. *"Provider"* refers to a Medi-Cal provider number that may indicate an individual practitioner or a network of county clinics. On average a provider number is associated with fewer than two sites but this varies from one to fourteen (for San Bernardino County clinics).

There were many providers relative to the number of eligible women in Colusa, Del Norte, Humboldt, Mendocino, Modoc, Plumas, San Joaquin, Siskiyou, Trinity, Tuolumne, Calaveras, Glenn, lnyo and Lassen counties. See Table 1. This high ratio of providers to clients is likely to account for the observed low and very low levels of unmet need in these counties. In the lower right corner of Table 1 is a list of the counties that had a very high number of eligible women per provider, indicating poor access to providers, and very high levels of unmet need. There were exceptions to this pattern. In Marin County, despite the high client provider ratio, unmet need was very low. Amador County had the state's highest level of unmet need yet the ratio of clients to providers was low.

Table 1

Ratio of Eligible Women to Rendering Providers versus Level of Unmet Need, by County

SFY 97-98

Ratio of Eligible Women to Rendering Providers	Level of Unmet Need'			
	very low	**low**	**high**	**very high**
very low	Colusa Del Norte Humboldt Mendocino Modoc Plumas San Joaquin Siskiyou Trinity Tuolumne	Calaveras Glenn Inyo Lassen		
low	San Benito Tehama	Madera Merced Shasta Sonoma Sutter	Kern Kings Los Angeles Nevada Stanislaus	Amador
high	San Francisco	Mono Monterey San Luis Obispo	Alameda Butte El Dorado San Diego Santa Barbara Tulare	Fresno Imperial Orange Riverside
very high	Marin	Contra Costa San Mateo Santa Cruz	Lake Napa Santa Clara	Alpine Mariposa Placer Sacramento San Bernardino Sierra Solano Ventura Yolo Yuba

[1] by quartile: very low = 1st quartile, low = 2nd quartile, high = 3rd quartile, very high = 4th quartile

Source: Claims data

5. Conclusion

This analysis has examined access to Family PACT services among eligible women in the state. At least **1.48** million women were eligible for Family PACT services in FY **97/98.** Of those eligible women, **642,258 (43%)** were served by Family PACT. This leaves over **838,000** women with an unmet need for state-funded family planning services.

Comparing these figures to data from FY **95/96,** there has been a substantial improvement in access to California State funded family planning services. In FY **95/96** there were **426,000** women served with contraceptive services by CSCP compared to over **642,000** in FY **97/98** by Family PACT. Fifty percent more women were served by the state program in FY **97/98** and unmet need decreased by **15%** despite a **5%** increase in the number of women eligible for state services.

Most women with unmet need lived in Los Angeles, San Diego and Orange counties. However, the proportion of unmet need among eligible women was highest in three rural counties – Amador, Alpine and Mariposa – where the percentage of eligible women served was less than **15%.** Statewide, **73%** of eligible sexually active adolescents had unmet need. Some regions, like the Northeast and Northwest had significantly lower levels of adolescent unmet need. Unmet need was especially high among adolescents in **Las** Angeles County, both proportionately and in terms of sheer numbers.

There is a strong correlation between the level of unmet need in a county and the number of eligible women per provider delivering family planning services through Family PACT. Counties in which there were fewer than **630** eligible women per rendering provider had substantially lower levels of unmet need. In contrast, counties having more than about **1,100** potential clients per provider had substantially higher levels of unmet need.

California Department of Health Services

Family PACT Waiver Program
Implementation Schedule

The Implementation Schedule of the California Department of Health Services Family PACT (Family Planning, Access, Care, and Treatment) Waiver Program **is** a dynamic document that will undoubtedly be modified as plans are implemented and new information comes to light. Since this implementation schedule is being submitted to the Health Care Financing Administration prior to the completion and submission of the Evaluation Design Plan and the Eligibility Determination Plan, the Implementation Schedule may not accurately reflect those plans.

To aid in a review of significant dates of individual plans, the Implementation Schedule has symbols in the margin representing notations relevant to the plans. The symbols are:

⊙ Confidentiality Plan
⊛ Phase Out Plan
A Education and Outreach Plan
O Evaluation Design Plan
☆ Eligibility Determination Plan

Year ▮ : December ▮ ,1999 — November 30,2000

December 1, 1999 Waiver Program Start Date: Family PACT Waiver Program approved by HCFA.

o **December 31, 1999** Complete Baseline F-PACT Evaluation Report

o **January 31,2000** Complete clarification of Waiver Program objectives and evaluation objectives. Identify Waiver Program components to be evaluated and data sources.

⊙ **February 1,2000** Begin review of client confidentiality in laws and regulations, F-PACT Client Eligibility Certification process, Claims and Payment System, and the F-PACT manual to determine if F-PACT meets Medicaid/Medi-Cal requirements. Develop client confidentiality component for various types of provider training sessions and if necessary, develop procedures to ensure F-PACT compliance.

o **February ▮ ,2000** Develop plan for data collection and processing. Develop requirement for program progress reports, survey for DHS/DSS outreach programs and provider survey.

⊙ A	**March 1,2000**	Deliverables due in 90 days from approval submitted to HCFA: Phase Out Plan Education and Outreach Plan Implementation Schedule
⊙	**March 7,2000**	Additional deliverable submitted to HCFA: Confidentiality Plan
☆	**March 14,2000**	Systems Design Notice submitted to Medicaid fiscal intermediary, EDS. EDS begins design of system changes.
	March 30,2000	Deliverables and reports due **120** days from approval submitted to HCFA:
		Evaluation Design Plan Eligibility Determination Plan Quarterly Progress Report Net Expenditure Report Demonstration Expenditure Report Federal Share Expenditure Report Administrative Costs Report Estimated Demonstration Report Eligible Members/Month Data
A	**April 1, 2000**	Begin ongoing collaboration with local programs serving F-PACT target population to increase awareness of family planning.
☆	**April 19,2000**	Initiate user acceptance testing of system changes.
☆	**April 30,2000**	Implement the systems changes to Management Report 0-145.
A	**June 1,2000**	Coordinate ongoing outreach linkages with other programs serving at risk males. Implement and promote ongoing clinical education and training sessions for providers. Implement and promote ongoing client education and counseling training sessions for providers.
A	**July 1, 2000**	Distribute to providers the culturally and linguistically expanded health education materials for client use.
⊙	**July 1,2000**	Distribute to providers any policy and procedural changes pertaining to client confidentiality. Distribute to the various training contractors any revised education and training materials pertaining to the client confidentiality section of provider training sessions. If necessary, initiate a change in the Client Eligibility Transaction System to enhance client confidentiality.
o	**July 1,2000**	Implementation of the Evaluation Plan: initiate ongoing data collection from monitoring sources, surveys, and progress reports and initiate ongoing data analysis.

SYMBOL KEY: ⊙ **Confidentiality Pian** ◎ **Phase Out Plan** **A** **Education and Outreach Plan** ◇ **Evaluation Design Pian** ☆ **Eligibility Determination Pian**

☆ **July 14,2000** Complete the design of the systems changes to Client Eligibility Transaction System. Commencement of system testing.

☆ **August 31,2000** Implement the changes to the Client Eligibility Transaction System.

⊙ **November 1, 2000** Begin ongoing monitoring of confidentiality of client eligibility and enrollment according to F-PACT standards and policy. Modify policies and procedures at any time thereafter if confidentiality needs to be improved.

Year 2: December 1,2000 — November 30,2001

A **December 1, 2000** Begin the process to design, plan, and approve a statewide public awareness campaign targeting geographic areas of high unmet need. Implement an ongoing recruitment plan to increase the number of local F-PACT providers in areas of high unmet need.

0 December 1,2000 Conduct survey for DHS/DSS outreach programs and provider survey.

A **June 1,2001** Implement the public awareness campaign with emphasis on geographic areas of high unmet need including the addition of a third language to the toll-free telephone number information service. Identify mobile van programs appropriate for the delivery of F-PACT services and implement First Stop concepts in identified areas. Implement ongoing strategies to improve awareness and availability of family planning services for males and initiate an ongoing training program for providers on family planning services for males.

Year 3: December 1,2001 — November 30,2002

A **December 1, 2001** Implement strategies to promote client-retention customized to adolescents. Implement an ongoing customized training for providers on the family planning needs of adolescents.

A **June 1, 2002** Implement outreach strategies to adolescents.

◎ **June 1, 2002** Begin drafting legislative concept and proposed bill language to authorize State funding, continuation of Family PACT as a State-only program, and termination of the Waiver Program.

◎ **July 20,2002** Initiate phase one of legislative process by submission of a legislative concept to the Office of Legal Services.

SYMBOL KEY: ⊙ Confidentiality Plan ◎ Phase Out Pian △ Education and Outreach Plan ◇ Evaluation Design Plan ☆ Eligibility Determination Plan

SYMBOL KEY: ⊙ Confidentiality Plan ◎ Phase Out Plan A Education and Outreach Plan ◇ Evaluation Design Plan ☆ Eligibility Determination Plan

DEPARTMENT OF HEALTH SERVICES
7141744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320
(916) 654-0391

March *29,* 2000

Ms. Kathleen Farrell
Family and Children's Health Programs Group
Division of Integrated Health Systems
Health Care Financing Administration .
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850

Dear Ms. Farrell:

SECTION 1115 WAIVER MEDICAID DEMONSTRATION PROJECT FOR
FAMILY PLANNING, ACCESS, CARE, and TREATMENT (FAMILY PACT) PROGRAM
PROJECT IDENTIFICATION NUMBER: 11-W-00129/9

The California Department of Health Services is submitting to the Health Care Financing Administration the Family PACT Waiver Program Confidentiality of Clients Plan. This plan is being provided in accordance with the Demonstration Project Special Terms and Conditions paragraph 8.

If you have further questions or require additional information, please contact Mr. Joseph A. Kelly, Chief of the Medi-Cal Policy Division, at (916) 657-1542, or Ms. Janet Olsen-Coyle, Chief of the County Demonstration Projects Unit, at (916) 657-0129.

Sincerely,

/S/

Stan Rosenstein
Acting Deputy Director
Medical Care Services

Enclosure

cc: Ms. Meredith Merrill
Division of Medicaid
Health Care Financing Administration
75 Hawthorne Street, Fourth Floor
San Francisco, CA 94105

California Department of Health Services

Family PACT Waiver Program

Confidentiality of Clients Plan

The California Department of Health Services (DHS), Family PACT Demonstration Waiver Program Confidentiality Plan is being implemented to assure that Family PACT is in compliance with federal Medicaid requirements.

All providers are required to adhere to the program standards for providers participating in the Family PACT program. The Family PACT Program Standards include guidelines/standards for maintenance of client confidentiality. Providers are instructed that client information is confidential and client information may not be disclosed directly or indirectly. Failure to comply with the confidentiality standards may result in disenrollment from the program.

Providers must sign an agreement that addresses the following standards:

1. Services will be provided in a manner that respects the privacy and dignity of the individual.

2. All clients will be informed of the confidentiality of services and be assured that their identity will not be revealed without written permission, except as provided by law.

3. All personal client information will be treated as privileged communication and held confidential, and not be divulged without individual written consent.

4. Unless otherwise provided by law, client information that does not identify the individual, personal identifying information, will be disclosed in summary, statistical or other form to DHS, or its designee, and to public health officials.

In addition, as required by Part 431.301, Code of Federal Regulations, there are California statutes that impose legal sanctions and safeguards to restrict the use or disclosure of information concerning applicants and clients for purposes directly related to the administration of the Medicaid State Plan.

Additionally, California Code of Regulations, Title 22, Section 51009 states:

> *All individual medical records of beneficiaries acquired by individuals or institutions providing care, the Department, or any other state or local agency, or by any organization contracting to provide administrative services under this program, shall be confidential and shall not be released without the written consent of the beneficiary or his personal representative. This shall not preclude the release of statistical or summary data or information in which individual beneficiaries are not, and cannot be, identified, nor shall it preclude exchange* ***of***

information between individuals or institutions providing care, fiscal intermediaries, and state or local official agencies. Neither shall this section preclude exchange of information necessary for the purpose of effecting recovery as provided in Welfare and Institutions Code, Sections 10020 through 10025, 14024 and 14124.70 through 14124.79 with persons liable thereunder.

As of February 1, 2000, the Office of Family Planning (OFP) initiated a review of the client confidentiality laws and regulations, Family PACT Client Eligibility Certification process, Claims and Payment system, and the Family PACT Policies, Procedures and Billing Instructions manual to determine if Family PACT meets Medicaid/Medi-Cal requirements. OFP is currently developing client confidentiality components and materials for various types of provider training sessions. If necessary, additional procedures will be developed to ensure Family PACT compliance. OFP will distribute to all Family PACT providers any policy and procedural changes pertaining to client confidentiality.

Received 5/1-K7

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320
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April 17, *2000*

Ms. Kathleen Farrell
Family and Children's Health Programs Group
Division of Integrated Health Systems
Health Care Financing Administration
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850

Dear Ms. Farrell:

SECTION 1115 WAIVER MEDICAID DEMONSTRATION PROJECT FOR FAMILY PLANNING, ACCESS, CARE, and TREATMENT (FAMILY PACT) PROGRAM
PROJECT IDENTIFICATION NUMBER: 11-W-00129/9

The California Department of Health Services is submitting to the Health Care Financing Administration the Family PACT Waiver Program Evaluation Design Plan and Eligibility Determination Plan. The plans are being provided in accordance with the Demonstration Project Special Terms and Conditions paragraphs 21 and 23, respectively.

If you have further questions or require additional information, please contact Mr. Joseph A. Kelly, Chief of the Medi-Cal Policy Division, at (916) 657-1542, or Ms. Janet Olsen-Coyle, Chief of the County Demonstration Projects Unit, at (916) 657-0129.

Sincerely

For Stan Rosenstein
Acting Deputy Director
*MedicalCare Services

Enclosure

cc: Ms. Meredith Merrill
Division of Medicaid
Health Care Financing Administration
75 Hawthorne Street, Fourth Floor
San Francisco, CA 94105

California Department of Health Services

Family PACT Waiver Program
Evaluation Design Plan

California has a long history of providing family planning services to low-income residents. Between 1974 and 1997, the Office of Family Planning (OFP) provided services through a limited number of family planning agencies. In an effort to increase access to these services, the Family Planning, Access, Care, and Treatment (Family PACT) Program was implemented in 1997. Family PACT has increased the number and types of providers eligible to participate and has changed the reimbursement to providers from a contractual arrangement to a fee-for-service system, expanding access to family planning services in the State.

While Family PACT has increased access to family planning services, unmet need for services remains a problem that will be exacerbated by the rapid population growth projected for the State. During the next three decades, California's population is expected to grow from 33 million to over 55 million, an increase of fifty-five percent. A priority for the Family PACT Program is to increase access to low-income populations in need of family planning services, who have not previously accessed Family PACT. In December 1999, the Federal Health Care Financing Administration (HCFA) granted California a five-year Section 1115 Waiver Medicaid Demonstration Project for the Family PACT Program to develop innovative outreach and recruitment programs to reduce unmet need and decrease the number of unintended pregnancies in the State.

The HCFA Section 1115 Waiver Demonstration Project will expand on the initial successes of the Family PACT Program to increase service delivery among underserved clients and the number of participating providers through targeted outreach, education, and recruitment. The goals of the Demonstration Project are to reduce the number of pregnancies to low-income adolescent women, to reduce the number of unintended pregnancies among low-income women living in geographic areas of high unmet need for family planning services, and to increase the number of low-income males receiving family planning services.

The OFP will initiate new activities and strategies to achieve fhese goals. These activities will focus on outreach to new clients and providers through innovative recruitment and retention strategies and customized provider trainings. An evaluation of the Demonstration Project will be conducted to assess the effectiveness of these activities on reaching program objectives.

The proposed evaluation of the Demonstration Project will be conducted by the Center for Reproductive Health Research & Policy (Department of Obstetrics, Gynecology and Reproductive Sciences and Institute for Health Policy Studies) at the University of California, San Francisco (UCSF), which conducted the baseline evaluation of Family PACT.

A Waiver Demonstration Project goals and intervention strategies

The HCFA Waiver Demonstration Project has three primary goals, each with its own set of objectives (see Tables 2, 3 and **4).** The goals are: 1) to reduce the number of pregnancies to low-income adolescent women between the ages of 15 and 19, 2) to reduce the number of unintended pregnancies among low-income women in geographic areas of high unmet need for family planning services, and 3) to increase the number of low-income males receiving family planning services.

The Family PACT Program is expected to accomplish the objectives, and ultimately the goals, of the Demonstration Project through the implementation of a series of program activities. Family PACT's program activities can be grouped into five general intervention strategies and include: 1) provider recruitment, 2) customized provider trainings, 3) outreach and client recruitment, **4)** non-traditional service delivery, and 5) client retention. Each of these strategies is intended to benefit one or more of the following California populations: low-income adolescents, low-income women in geographic areas of high unmet need, and low-income males (see Table 1).

Table 1: Intervention Strategies of HCFA Waiver Demonstration Project

Intervention Strategy	Target Population	Primary Beneficiary Population
1. Provider recruitment	Providers in geographic areas of high unmet need	Low-income women in geographic areas of high unmet need
2. Customized provider trainings	All Family PACT providers	Low-income adolescents Low-income males
3. Coordinated outreach and client recruitment	Other DHS/DSS programs and community organizations Low-income women in geographic areas of high unmet need Low-income adolescents Low-income males	Low-income women in geographic areas of high unmet need Low-income adolescents Low-income males
4. Non-traditional service delivery	Low-income women in geographic areas of high unmet need	Low-income women in geographic areas of high unmet need
5. Client retention	Low-income adolescents	Low-income adolescents

Note: DHS/DSS = Department of Health Services/Department of Social Services.

While some strategies are aimed directly at the populations they intend to benefit, others are designed for providers and other staff in community-based programs and organizations who, in turn, will expand and/or improve their services, indirectly benefiting these populations. Similarly, more than one population may directly benefit from a strategy. For example, the establishment of non-traditional service delivery sites may increase participation of low-income men, as well as low-income women in geographic areas of high unmet need. Client retention strategies, while aimed at adolescents, may also increase retention rates of low-income men and women (Table 1 indicates only the primary beneficiary populations at which strategies are aimed).

Conceptual model of the effect of the HCFA Waiver Demonstration Project

This section provides a conceptual model that describes how the Family PACT Program is expected to achieve the goals and objectives of the Demonstration Project, by mapping the linkages between program inputs, processes, outputs and outcomes (see Figure 1). Program inputs are the resources required to implement the program; program processes are the set of activities which make the program operational; program outputs are the products of the program, such as services rendered; and program outcomes are the effects of the program outputs, such as pregnancies averted. The conceptual model in Figure 1 proposes a causal sequence by which inputs into the Family PACT Program initiate processes (or activities) which in turn produce outputs (program-level changes) which ultimately result in outcomes (population-level changes). In this model, program activities are highlighted and listed under each beneficiary population.

This conceptual model describes the potential influence of the HCFA Waiver Demonstration Project on the use of family planning services, contraceptive practice, and fertility outcomes. Change (or a lack of change) in these outcomes may also be attributable to factors unrelated to the Demonstration Project. Other state-sponsored initiatives, such as the Male Involvement Program (MIP), may increase the demand for family planning services among their clients; alternatively, changes in private insurance coverage of contraceptive services may influence the availability of services. This evaluation will take into account the influence of external factors on the outcomes of interest.

Purpose of the evaluation

The purpose of the five-year evaluation of the HCFA Waiver Demonstration Project is two-fold: **1)** to provide on-going program support for the Family PACT Program over the entire five-year demonstration period, and 2) to assess the impact of the Demonstration Project on the target populations. Tables 2, 3 and **4** identify each of the goals and objectives, and corresponding evaluation questions. These evaluation questions will examine the effect of the Demonstration Project activities on target populations and the extent to which the project goals and objectives have been met.

Figure 1: Conceptual Model of the Effect of the HCFA Waiver Demonstration Project

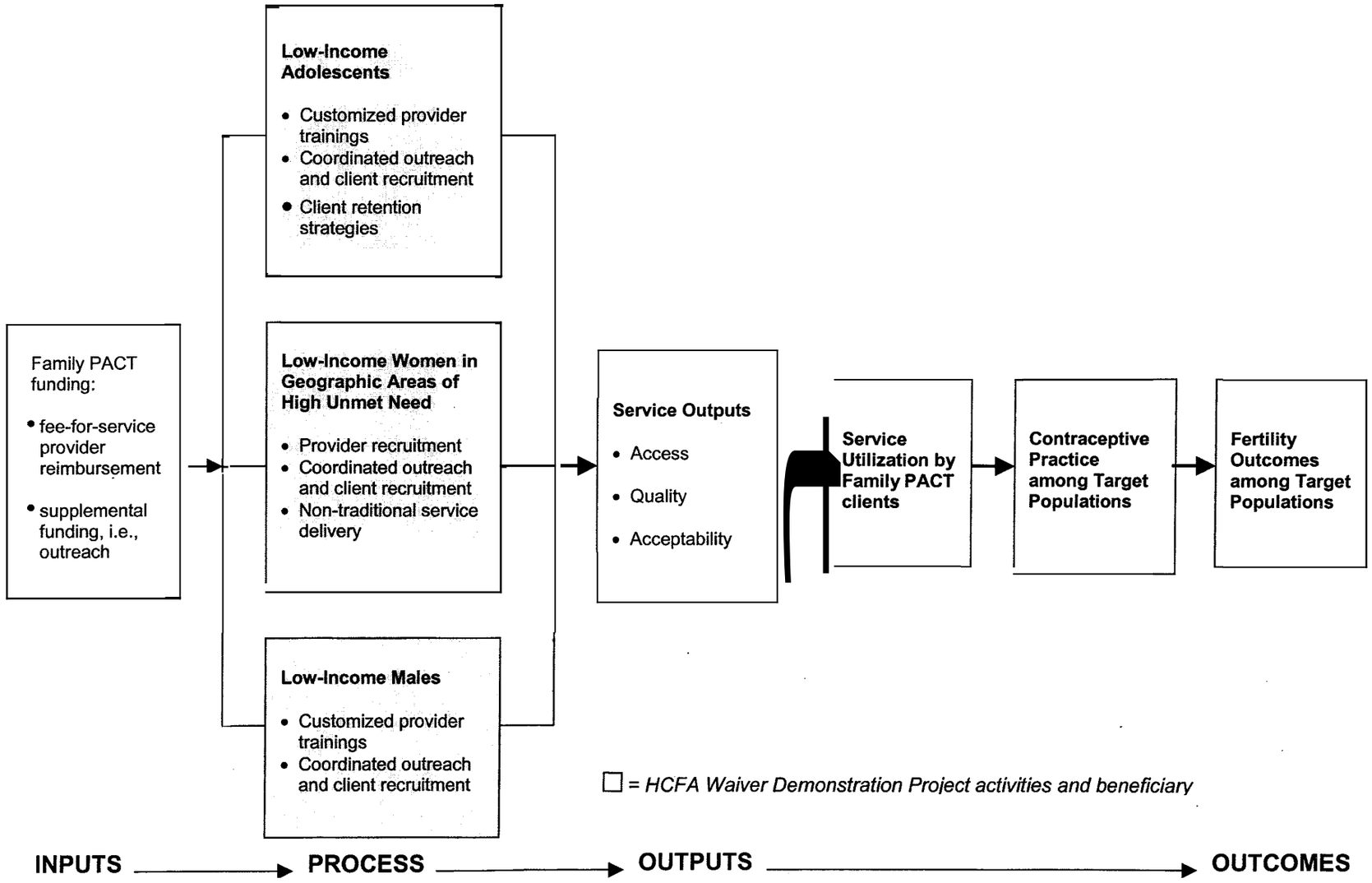

Table 2: Proposed Questions to Evaluate the Effect of the HCFA Waiver Demonstration Project on Adolescent Family Planning Services.

Goal 1: Reduce the number of pregnancies to low income adolescent women (15-19 years old) in California	
Objective	**Evaluation Questions**
1A. Integrate teen sensitive services into Family PACT; implement a customized training program for providers to learn how to adapt practices and services to the family planning needs of adolescents.	Were teen sensitive services integrated into Family PACT provider practices? Did the customized training program reach providers? Did providers view the training program as useful? Were guidelines for adolescent family planning care developed? Were the guidelines disseminated to providers who serve adolescents? Did providers view the guidelines as useful? Did providers use these guidelines? Has the number of providers serving adolescents increased? Are a greater number of providers offering age-appropriate services for adolescents?
1B. Through creative outreach strategies, increase the number of adolescent female clients served by Family PACT by an average of 3500 per year. This represents an average increase of 3 percent per year above the FY 1997-98 service population to all female adolescents.	Have new outreach strategies been developed and implemented? Have new outreach strategies been successful in reaching and recruiting new adolescent clients in areas with a high incidence of teen pregnancy? To what extent have outreach activities been coordinated with other programs? To what extent are other programs aware of Family PACT adolescent services and referring clients? Has the number of adolescent female clients served by Family PACT increased?
1C. Implement client-retention strategies to increase the number of adolescent clients who receive Family PACT services on an ongoing basis by an average of 5 percent per year.	Have client retention strategies been implemented? Has client retention in the Family PACT program among adolescent clients increased? Has client retention in the Family PACT program among new adolescent clients increased?
1D. Beginning in the third year of the demonstration period, births to adolescents eligible for Family PACT will be reduced by an average of 2 percent more than the projected birth rate for this population during the demonstration period.	How has the actual adolescent birth rate differed from projected adolescent birth rates?

Table 3. Proposed Questions to Evaluate the Effect of the HCFA Waiver Demonstration Project on Family Planning Services for Women in Selected Geographic Areas of California.

Goal 2: Reduce the number of unintended pregnancies among low income women in geographic areas of high unmet need for family planning services	
Objective	**Evaluation Questions**
2A. Increase the number of Family PACT providers in unserved/underserved areas through new and innovative recruitment strategies that are customized for local or regional characteristics.	Have new recruitment strategies been successful in recruiting new Family PACT providers? Has a customized orientation and enrollment process increased provider participation in the Family PACT program in underserved areas? Have the number of Family PACT providers in underserved areas increased?
2B. Increase the number of Family PACT providers in specified areas of unmet need by an average of 5 percent per year above those enrolled in FY 1997-98.	
2C. Increase the number of clients served in identified areas of high unmet need by an average of 5 percent per year above those receiving services in FY 1997-98 by using outreach strategies unique to local target populations and by providing services through innovative, non-traditional health care sites.	Have new outreach strategies been successful in recruiting new clients? Have non-traditional delivery strategies been implemented in underserved areas? Has the number of Family PACT clients in underserved areas increased?
2D. Beginning in the third year of the demonstration period, births in these targeted areas will be reduced by an average of 2 percent more than the projected birth rate for these areas during the demonstration period.	How has the actual birth rate differed from projected birth rates in targeted counties?

Table 4. Proposed Questions to Evaluate the Effect of the HCFA Waiver Demonstration Project on Male Family Planning Services in California.

Goal 3:	Increase the number of low income males receiving family planning services
Objective	**Evaluation Questions**
3A. Integrate an emphasis on male services into Family PACT; implement a training program for Family PACT providers to learn how to adapt practices and services for male reproductive health and family planning services.	Did the customized training program reach providers in need of training in male service provision? Did providers view the training program as useful? Were guidelines for male family planning care developed? Were the guidelines disseminated to providers who serve males? Did providers view the guidelines as useful? Did the providers use the guidelines? Were male services integrated into Family PACT provider practices? Has the number of providers serving males increased? Are a greater number of providers offering gender-appropriate services for males?
3B. Through implementation of unique, gender-specific recruitment strategies, increase the number of male clients receiving family planning services in Family PACT by an average of 5 percent **(1,444)** per year above those receiving services in FY 1997-98.	Have new outreach strategies been successful in recruiting new male clients in targeted areas? To what extent have outreach activities been coordinated with other programs? To what extent are other programs aware of Family PACT male services and referring clients? Has the number of male clients served by Family PACT increased?

Study design and data sources

There will be two primary components to the evaluation. These include: 1) ongoing analysis of the billing/claims data and provider and client enrollment to provide program support and continual quality assessment; and 2) evaluation of changes in client and provider recruitment, client retention, and fertility outcomes.

Statistical analysis will be used to examine client and provider enrollment, client retention, service utilization, unmet need and birth rates, in addition to measuring how these outcomes vary in each of the target populations. A case-control design will be used to assess the impact of the HCFA Waiver Demonstration Project activities on these outcomes. To show the impact on birthrates of low-income adolescents and women, the evaluation will compare actual birthrates to projected birthrates in targeted

counties in California. To measure the impact of Family PACT on the number of male clients, the evaluation will compare changes in the number of male clients in communities (geographic areas) with targeted outreach efforts to matched communities without targeted efforts.

The primary sources of data that will be used for the evaluation include: client enrollment data; provider enrollment data; billing/claims data; California unmet need study data; and Department of Finance reports on California population and births. Each data source contributes uniquely to an understanding of the role of the Demonstration Project in achieving outcomes.

Theses data sources can partially address the primary goals of the Demonstration Project – reducing pregnancies among low-income adolescents, reducing unintended pregnancies among low-income women living in geographic areas of high unmet need for family planning services, and increasing the number of low-income males receiving family planning services. Additional methodologies may be developed to address questions that cannot be sufficiently addressed through these secondary data sources.

Table 5 lists the currently available data sources, a description of each data set and the indicators and measures that can be addressed. The Family PACT client and provider files, and billing/claims data give extensive information on the Family PACT provider and client populations. Evaluation activities will rely on these three data sources. Birthrate data available through the State will be used to estimate the impact of the demonstration program on fertility rates.

Development of a comprehensive evaluation plan

The indicators and measures in Table 5 are preliminary and will be expanded as a more comprehensive evaluation plan emerges. To address the limitations of the current data sources, the comprehensive evaluation plan will include a series of evaluation activities and strategies to obtain answers to the more complex questions for which qualitative data is not currently available. The process for developing this plan will begin with a series of meetings to discuss strategies and methodologies to evaluate Waiver objectives and activities. Input from clinicians, experts in the field, stakeholders and other interested parties will be sought. Additional methodological approaches for data collection and timelines will be developed for the evaluation, as the Demonstration Project activities evolve. The following criteria will be utilized to assist in conducting the evaluation:

- Selection of indicators and measures to answer specific evaluation questions.
- Identification of methodologies to assess the indicators and measures.
- Selection of the most feasible methodological approach based on the validity and reliability of the data, cost factors, and timeline considerations.

Table 5: Description of current data sources

Data Source	Description	Indicators and Measures
Family PACT client enrollment data	These files consist of select information extracted from client enrollment forms including demographic information	Demographic characteristics of clients Trends in new client enrollment among females, males, adolescents and in underserved areas
Family PACT provider enrollment data	These files consist of select information extracted from provider enrollment forms	Trends in new provider enrollment with special focus on underserved areas
Family PACT billing/claims data	Family PACT billing/claims data contain records of all services reimbursed through the program	Number of female, male and adolescent clients served statewide and in underserved areas Number of clients served by county Service delivery patterns among providers Service utilization patterns among clients Client retention among females, males, and adolescents served by Family PACT Estimates of contraceptive continuation rates by age Number of new clients served at non-traditional clinic sites
California unmet need data	Annual updates of unmet need study among adolescent and adult women, and adolescent men	Trends in geographic variations in access to services among adolescent and adult women (by zip code) and adolescent men (by county) Levels of unmet need by county Geographic "hot spots" in need of targeted interventions
Department of Finance (DOF) reports on California population and births	Public data on the actual and projected number of California births by age of mother and county	Projected birth rates based on statewide trends and county demographics Actual birth rates by county

Summary

This preliminary proposal outlines a set of comprehensive evaluation questions. As OFP selects and begins to operationalize strategies and interventions to meet the goals of the HCFA Waiver Demonstration Project, UCSF will work collaboratively with OFP and Medi-Cal to identify other data sources and methodologies needed to answer the major evaluation questions. Data collected from these evaluation activities will be combined with data from existing sources to produce a comprehensive evaluation of the impact of the Demonstration Project strategies and activities in meeting project goals.

California Department of Health Services

Family PACT Waiver Program

Eligibility Determination Plan

The California Department of Health Services (DHS), Family PACT Waiver Program Eligibility Determination Plan specifies how State employees will conduct the final eligibility determination process for the Family PACT Waiver Program. This process will be implemented no later than August 31, 2000. The responsibility for the final determinations has been assigned to the Medi-Cal Eligibility Branch, Program Review Section (PRS), which also has responsibility for the Medicaid eligibility quality control (MEQC) reviews for the State.

Eligibility Determination Criteria

The enrolled Family PACT clinician provider has responsibility for the client enrollment process. The provider provides the applicant client with an application. The application form captures non-medical client data that the client certifies as correct under penalty of perjury. Upon review of the self-certification form and client interview data, the provider performs a preliminary eligibility determination. The provider ascertains whether the applicant client meets the eligibility criteria:

- client is at risk for pregnancy;
- client is seeking family planning services;
- client is a resident of California;
- client has a family income at or below 200 percent of the federal poverty level;
- client is not otherwise eligible for Medi-Cal or has a Medi-Cal spend down on the date of service; and
- client has no other source of health care coverage for family planning services.

The provider enters and transmits data elements to the fiscal intermediary, Electronic Data Systems (EDS). EDS will compile and provide the eligibility determination data to PRS. PRS will confirm program eligibility for each certified and recertified client. (System changes are being designed and implemented to facilitate the State eligibility determination process.)

The following data elements are required for confirmation of Family Pact eligibility by PRS staff:

1. Name

   First, middle, and last name are data elements that are currently captured by the provider as part of the process to activate the Health Access Program card.

2. Family size

Family size is a data element that is essential for confirmation of eligibility by comparison to family income level. Family size is captured on the Family PACT Client Eligibility Certification Form which **is** completed at the time of application for services.

3. Income

Gross family income is a data element that is essential for confirmation of eligibility by comparison to family size. Gross family income must be at or below 200 percent of the federal poverty level for the family size. This data is captured on the Family PACT Client Eligibility Certification Form which is completed at the time of application for services.

4. Residency

Family PACT clients must be residents of California. County of residence is completed on the Family PACT Client Eligibility Certification Form and is also a required data element.

Review Program

PRS is in the preliminary stage of developing the eligibility determination process tools. A cookbook is being created that will contain the internal review procedures, client budget worksheet, work standards, and reporting formats.

The user acceptance testing of the new final eligibility determination process will begin on July 25,2000, after the computer system changes are programmed by EDS . The EDS electronic files will be reviewed, validations of internal review procedures and client budget worksheet, work standards, and reporting formats will be refined. Feedback on the eligibility determination transaction system changes will be given to EDS in time for any necessary modifications. The eligibility determination review and reporting format will be finalized and incorporated into the cookbook. The Eligibility Review Check Sheet is one of the tools that is subject to refinement.

The data fields to be collected and utilized for the final eligibility determination process are as follows:

Family PACT Waiver Program

Eligibility Review Check Sheet

1.	Case Name	
2.	Family Size	
3.	Gross Income	
	At or under 200%?	
4.	County of Residence	

1. Case Name — Applicant's full name.

2. Family Size — The "basic family unit" consists of the applicant, spouse (including "common-law"*) and minor children, if any, related by blood, marriage, adoption, or under guardianship and residing in the same household. When adults, other than spouses, reside together, each person shall be considered a separate family. This also applies to adults living with their parents. Children over the age of 17 are not counted in the "basic family unit."

   * *California recognizes "common-law" marriages established in other states (where common-law marriages are legally created). California does not recognize what people refer to as common-law marriages that are created in California.*

3. Gross Income — The monthly or yearly sum of income received by an individual from the sources identified by the **U.S.** Census Bureau (below) in computing income. Monthly gross income for migrant farm workers and other seasonally employed persons may be computed by averaging total gross income received during the previous 12 months.

U.S. Census Bureau Sources of Income

a. Money from wages or salary
b. Net income from non farm self-employment
c. Net income from farm self-employment
d. Social Security
e. Dividends, interest (on savings or bonds), income from estates or trusts, net rental income or loyalties
f. Public assistance or welfare payments
g. Pension and annuities
h. Unemployment compensation/disability insurance
i. Worker's compensation
j. Child support
k. Veteran's pension
l. Alimony

At or under 200% The applicant's declared family size will be compared with the income limit identified in the Family PACT Federal Poverty Income Guidelines chart (below). If the client's income is at or below the maximum for her/his declared family size, the client is eligible for Family PACT services.

Family PACT Federal Poverty Income Guideline
(Updates are effective annually)

200% of Poverty Level by Family Size

Family Size*	Annual Income	Monthly Income
1-person family	$16,700	$1,392
2-person family	$22,500	$1,875
3-person family	$28,300	$2,359
4-person family	$34,100	$2,842
5-person family	$39,900	$3,325
6-person family	$45,700	$3,809
7-person family	$51,500	$4,292
8-person family	$57,300	$4,775
9-person family	$63, 100	$5,259
IO-person family	$68,900	$5,742

** Note: For families with more than 10 members, add $5,800 **($484** monthly) for each additional member.*

4. County Applicant's county of residence per standard codes.

California County Codes

01	Alameda	30	Orange
02	Alpine	31	Placer
03	Amador	32	Plumas
04	Butte	33	Riverside
05	Calaveras	34	Sacramento
06	Colusa	35	San Benito
07	Contra Costa	36	San Bernardino
08	Del Norte	37	San Diego
09	El Dorado	38	San Francisco
10	Fresno	39	San Joaquin
11	Glenn	40	San Luis Obispo
12	Humboldt	41	San Mateo
13	Imperial	42	Santa Barbara
14	Inyo	43	Santa Clara
15	Kern	44	Santa Cruz
16	Kings	45	Shasta
17	Lake	46	Sierra
18	Lassen	47	Siskiyou
19	Los Angeles	48	Solano
20	Madera	49	Sonoma
21	Marin	50	Stanislaus
22	Mariposa	51	Sutter
23	Mendocino	52	Tehama
24	Merced	53	Trinity
25	Modoc	54	Tulare
26	Mono	55	Tuolumne
27	Monterey	56	Ventura
28	Napa	57	Yolo
29	Nevada	58	Yuba
		99	County Unknown

Work Standards

PRS work standards for the Family PACT Waiver Program eligibility determinations are for three fulltime Medi-Cal Eligibility Analysts headquartered in Sacramento.

1. There are approximately 1,000,000 active, eligible clients statewide.

2. The data elements to be reviewed and included in the client records transmitted by EDS include:

   a. Name
   b. Family Size
   c. Family Income
   d. County of Residence

3. The accepted transactions would be compiled into a daily printout containing the four elements cited above.

4. PRS staff will review all transactions received daily. If the clients are eligible according to the records, the Medi-Cal Eligibility Analyst will sign a declaration of eligibility. If an ineligible client record is discovered, EDS will be notified to send a rejection message to the provider. If multiple ineligible client records are input by a single provider, a list by county, by provider, containing those ineligible client records will be created and may be used for a focused review by a team composed of a Medi-Cal Eligibility Analyst and an Office of Family Planning (OFP) staff member.

5. It is anticipated that approximately 70 percent to 75 percent of staff time will be budgeted to eligibility determination and the remaining 30 percent to 25 percent to special studies, fraud deterrence, and program reviews. These estimates of time required for functions are based on Medi-Cal Eligibility Quality Control experience and will be refined after PRS has access to EDS data and has experience doing the actual work.

Special Studies and Focused Reviews

The findings of the eligibility determination process by Medi-Cal Eligibility Analysts, field reviews by OFP Nurse Consultants, and analysis of various computer transaction reports may identify possible need for special studies and focused reviews of Family PACT Waiver Program providers. The reviews and monitoring will be used to further refine and enhance the Family PACT eligibility determination process.

1. Fraud deterrence analysis including analysis of the relationship between transaction activities, provider capacity, and program standards.

2. Medi-Cal Eligibility Analyst onsite review of provider compliance with program procedures and eligibility criteria.

3. Special studies in collaboration with OFP Family PACT staff and management.

4. Review to federal waiver requirements.

5. Study program enhancements.

Timetable

February 11,2000	Review program documentation and authority and review draft of template and cookbook. Begin a series of meetings to hone mission and tasks and develop an eligibility determination plan.
March 15,2000	Develop personnel documentation to obtain approval for hiring 3 Medi-Cal Eligibility Analysts (Associate Governmental Program Analysts or Associate Medi-Cal Eligibility Analysts) effective July 1, 2000.
April 10,2000	Transmit Family PACT Waiver Program Eligibility Determination Plan to HCFA.
April 17,2000	Begin recruitment for the 3 positions.
May 3,2000	Distribute and discuss documentation at PRS all-staff meeting.
July 1,2000	3 Medi-Cal Eligibility Analysts hired. Begin PRS indoctrination, general PRS training, and specific Family PACT training. Participate in MEQC case reviews, Negative Case Reviews, Periodic Case Reviews, focused reviews, special studies.
July 25, 2000	EDS electronic files available for preliminary reviews. User testing of eligibility determination process. Validate internal review procedures. Refine client budget worksheet, work standards, reporting formats.
August 3,2000	Complete initial reviews of electronic files. Provide feedback on eligibility determination transaction system changes.
August 17,2000	Incorporate the internal review procedures, client budget worksheet, work standards, and reporting formats into a finalized cookbook. Eligibility determination review and reporting format set.
August 31,2000	New staff begins Family PACT eligibility determinations.